MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL

DATA COLLECTION FORM

Revised September 17, 2001

This tool is a modified version of the the Medicare+Choice Organization Optional Heart Failure Data Collection Tool designed by CMS and the National Heart Failure CASPRO. With this revised tool, a user can abstract both QAPI and Extra Payment concurrently for a given case. This modified tool does not eliminate the need for double abstraction (i.e., two sets of questions) if the EP and QAPI time periods are not identical, but it does allow for side-by-side EP and QAPI abstraction inside one case. Users should begin by answering the project variable located in the first section. The project choices are QAPI, Extra Payment 2001, and Extra Payment 2002, and all choices come with the option of including or excluding the optional QIs (ACEI dosage, medication prevalence, and NYHA class). After answering the project question, sections will direct the user to only abstract those variables related to the project options chosen. A user who is not interested in optional QI data may prefer this tool to the original, as the original tool requires a user answer all Optional QI questions (using 'Not Collecting' options, as applicable), regardless of interest. PROs are encouraged to customize the tool further if desired, however, this may or may not warrant changes to the analyzer. The original version of the tool is completely functional and may still be used if desired. Use the corresponding “MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL - ABSTRACTION INSTRUCTIONS”, revised September 17, 2001, when completing this form.

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MEDICARE+CHOICE ORGANIZATION OPTIONAL HEART FAILURE DATA COLLECTION TOOL: DATA COLLECTION FORM

Case ID# (as directed): _____
=> IF NOT COLLECTING, ENTER X

Abstraction date: __ __ / __ __ / __ __ __ __

Abstractor ID (as directed): _____

Project(s) for which this case is being abstracted (as directed):
(Select all that apply)

____QAPI QIs, no optional QIs
____QAPI QIs with optional QIs
____Extra Payment 2001, no optional QIs
____Extra Payment 2001 with optional QIs
____Extra Payment 2002, no optional QIs
____ Extra Payment 2002 with optional QIs

M+CO-designated QAPI time period (if applicable):

__ __ / __ __ / __ __ __ __ through __ __ / __ __ / __ __ __ __

Extra payment (EP) 2001 reporting time period (if applicable; In most cases, this should be 10/1/2000 through 10/1/2001):

__ __ / __ __ / __ __ __ __ through __ __ / __ __ / __ __ __ __

Extra payment (EP) 2002 reporting time period (if applicable; In most cases, this should be 10/1/2001 through 10/1/2002):

__ __ / __ __ / __ __ __ __ through __ __ / __ __ / __ __ __ __

OUTPATIENT CHARTS, INPATIENT CHARTS, AND ANY OTHER REVIEWABLE DATA SOURCE MAY BE USED FOR ABSTRACTION.

QAPI Population:

- ❑ Patient was continuously enrolled at least 180 days prior to and including the last day of the M+CO-designated one year time period
- ❑ In the M+CO-designated one year period, the patient either (1) was discharged alive from an acute care hospital with a principal discharge diagnosis of heart failure (402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.x) , OR (2) had 3 or more physician encounters (examples - ER visits, outpatient visits) with a diagnosis of heart failure (see codes above). See attachment A of abstraction instructions for narrative descriptions of these heart failure codes. See attachment B for a suggested list of CPT codes representing outpatient physician encounters.
- ❑ In the M+CO-designated one year period, the patient was NOT on renal dialysis (ICD-9-CM codes V56.0, V56.8, 39.95, and 54.98; CPT codes 90935, 90937, 90940, 90945, 90947, 90989, and 90993). See attachment A of abstraction instructions for narrative descriptions of these dialysis codes.

EP Population:

- ❑ Patient was continuously enrolled at least 180 days prior to and including the last day of the reporting year
- ❑ The patient was discharged from an acute care hospital during the time period July1, 1999 through June 30th of the reporting year with a principal discharge diagnosis of heart failure (402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 428.x). See attachment A of abstraction instructions for narrative descriptions of these heart failure codes.
- ❑ During the 12 months prior to and including the last day of the reporting year, the patient was NOT on renal dialysis (ICD-9-CM codes V56.0, V56.8, 39.95, and 54.98; CPT codes 90935, 90937, 90940, 90945, 90947, 90989, and 90993) AND was NOT an ESRD patient. See attachment A of abstraction instructions for narrative descriptions of these dialysis codes.

DEMOGRAPHICS/EXCLUSION/MISCELLANEOUS

1. First name: _____
2. Last name: _____
3. HIC #: _____
4. Social security #: __ __ __ - __ __ - __ __ __ __
5. Date of birth: __ __ / __ __ / __ __ __ __
6. Practice # / Provider # (as directed): _____
   => IF NOT COLLECTING, ENTER X
7. Medicare+Choice Organization contract # (as directed): _____
   => IF NOT COLLECTING, ENTER X

8. Is there documentation that the patient was on renal dialysis anytime during the following timeperiods? (Select all that apply)

____M+CO-designated QAPI time period
____EP 2001 reporting time period
____EP 2002 reporting time period
____None of the above

=> IF ALL TIME PERIODS ASSOCIATED WITH THE CHOICES SELECTED FOR THE PROJECT QUESTION ABOVE ("PROJECT(S) FOR WHICH THIS CASE IS BEING ABSTRACTED") ARE MARKED, STOP ABSTRACTION

9. OPTIONAL: M+CO-defined field #1: _____
=> IF NOT COLLECTING, ENTER X

10. OPTIONAL: M+CO-defined field #2: _____
=> IF NOT COLLECTING, ENTER X

11. OPTIONAL: M+CO-defined field #3: _____
=> IF NOT COLLECTING, ENTER X

QAPI - LVF AND ACE QIs *(Complete only if option 'QAPI QIs, no optional QIs' or 'QAPI QIs with optional QIs' are among the choices marked in the project question.)*

12. Is there documentation that left ventricular function (LVF) was assessed **anytime** before or during the M+CO-designated QAPI time period?

Note: If a formal report of LVF assessment test results is not available, LVF may be presumed to be previously assessed if there is physician/nurse practitioner/physician assistant notation of LVF, either as an ejection fraction (EF) or a narrative qualitative description (example - "moderate left ventricular systolic dysfunction").

____Yes
____No/Unable to determine……..... **SKIP TO #14**

13. Before or during the M+CO-designated QAPI time period, is the **most recent** available LVF documented as an EF < 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)?
____Yes
____No/Unable to determine

14. Was an ACE inhibitor (ACEI) prescribed anytime during the M+CO-designated QAPI time period?
____Not collecting..... **SKIP TO #21**
____Yes..... **SKIP TO #18**
____No/Unable to determine

IMPORTANT NOTES:
- This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #13 = Yes, the option 'Not collecting' should be selected for question #14 when the patient does NOT have documented LVSD (question #12 = No/Unable to determine or question #13 = No/Unable to determine). FOR QUESTION #14, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #13 = YES).
- The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.

15. If an ACEI was not prescribed during the M+CO-designated QAPI time period, is there documentation of one or more of the following?

a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the M+CO-designated QAPI time period
b. Aortic stenosis documented anytime before or during the M+CO-designated QAPI time period
c. Renal artery stenosis documented anytime before or during the M+CO-designated QAPI time period
d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
f. Systolic BP < 80 mmHg documented on three or more separate occasions during the M+CO-designated QAPI time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit)
g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the M+CO-designated QAPI time period

____Yes…..... **SKIP TO #21**
____No/Unable to determine

16. In documentation before or during the M+CO-designated QAPI time period, did a physician/nurse practitioner/physician assistant give a reason at anytime for not prescribing an ACEI?
____Yes
____No/Unable to determine……..... **SKIP TO #21**

17. OPTIONAL: Please specify reason(s): _____
=> IF NOT COLLECTING, ENTER X
=> SKIP TO #21

QAPI - OPTIONAL QIs *(Complete only if option 'QAPI QIs with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)*

18. OPTIONAL: ACEI prescribed during the M+CO-designated QAPI time period:

Note: If available documentation indicates that two or more different ACEIs were prescribed during the M+CO-designated QAPI time period, select the most recent one.

____Accupril	____Enalapril	____Mavik	____Ramipril	____Zestoretic
____Accuretic	____Enalaprilat	____Moexipril	____Tarka	____Zestril
____Aceon	____Fosinopril	____Monopril	____Teczem	____Other.... **COMPLETE #19**
____Altace	____Lexxel	____Monopril HCT	____Trandolapril	____Unable to determine.... **SKIP TO #21**
____Benazepril	____Lisinopril	____Perindopril	____Uniretic	
____Capoten	____Lotensin	____Prinivil	____Univasc	____Not collecting.... **SKIP TO #21**
____Capozide	____Lotensin HCT	____Prinzide	____Vaseretic	
____Captopril	____Lotrel	____Quinapril	____Vasotec	

19. OPTIONAL: If Other, please specify: _____

20. OPTIONAL: **<u>Total daily dosage</u>** of the ACEI identified above during the M+CO-designated QAPI time period:
_____MG

Note: If the dosage of the ACEI identified above changed during the M+CO-designated QAPI time period, calculate the total daily dosage from the most recent dosage documented.

=> IF UNABLE TO DETERMINE, ENTER 0
=> IF NOT COLLECTING, ENTER X

IMPORTANT NOTES:

- The medication prevalence questions in this section have been designed to allow M+COs to collect medication prevalence information on all patients. If this information is to be collected ONLY for patients with LVSD, defined as cases where question #13 = Yes, the option 'Not collecting' should be selected for questions #21 - 25 when the patient does NOT have documented LVSD (question #12 = No/Unable to determine or question #13 = No/Unable to determine). The option 'Not collecting' should also be selected if an M+CO is not collecting this information on any patients.
- The analyzer accompanying this tool will calculate the medication prevalence measures only for patients with LVSD. If M+COs wish to evaluate medication prevalence in patients without LVSD, they will need to modify the analyzer accordingly.

21. OPTIONAL: Was an oral beta blocker prescribed anytime during the M+CO-designated QAPI time period?
____Not collecting
____Yes
____No/Unable to determine

Acebutolol	Carteolol	Inderal	Lopressor	Propranolol	Timolol	Ziac
Atenolol	Cartrol	Inderal LA	Lopressor HCT	Sectral	Toprol	
Betapace	Carvedilol	Inderide	Metoprolol	Senormin	Toprol-XL	
Betaxolol	Coreg	Inderide LA	Nadolol	Sotalol	Trandate	
Bisoprolol	Corgard	Kerlone	Normodyne	Tenoretic	Trandate HCT	
Blocadren	Corzide	Labetalol	Penbutolol	Tenormin	Visken	
Brevibloc	Esmolol	Levatol	Pindolol	Timolide	Zebeta	

22. OPTIONAL: Was digoxin prescribed anytime during the M+CO-designated QAPI time period?
____Not collecting
____Yes
____No/Unable to determine

Cardoxin	Digoxin
Crystodigin	Lanoxicaps
Digitek	Lanoxin
Digitoxin	

23. OPTIONAL: Was spironolactone (Aldactazide, Aldactone, Spironolactone Plus) prescribed anytime during the M+CO-designated QAPI time period?
____Not collecting
____Yes
____No/Unable to determine

24. OPTIONAL: Was an angiotensin II receptor blocker (ARB) prescribed anytime during the M+CO-designated QAPI time period?
____Not collecting
____Yes
____No/Unable to determine

Atacand	Cozaar	Irbesartan	Telmisartan
Atacand HCT	Diovan	Losartan	Teveten
Avalide	Diovan HCT	Micardis	Valsartan
Avapro	Eprosartan	Micardis HCT	Verdia
Candesartan	Hyzaar	Tasosartan	

25. OPTIONAL: Were BOTH long-acting nitrates AND hydralazine prescribed TOGETHER anytime during the M+CO-designated QAPI time period?
____Not collecting
____Yes
____No/Unable to determine

Long-acting nitrates:			Hydralazine:	
Deponit	Minitran	Nitrodisc	Apresazide	Marpres
Dilatrate-SR	Monoket	Nitroglycerin (ointment)	Apresoline	Ser-Ap-Es
Imdur	Nitrek	Nitroglycerin (paste)	Diuretic Ap-Es	Serathide
ISDN	Nitro TD Patch-A	Nitroglycerin (transdermal)	HHR	Serpazide
ISMO	Nitro-Bid ointment	Nitroglyn E-R	Hydra-Zide	Serpex
Isordil	Nitro-Dur	Nitrol	Hydralazine	Tri-Hydroserpine
Isosorbide Dinitrate	Nitro-Par	Sorbitrate	Hydralazine Plus	Uni Serp
Isosorbide Mononitrate	Nitro-Time	Transderm-Nitro	Hydrap-Es	Unipres

26. OPTIONAL: Before or during the M+CO-designated QAPI time period, what is the New York Heart Association (NYHA) functional classification explicitly documented by a physician/nurse practitioner/physician assistant in at least one of the last three office visit notes where heart failure is mentioned (Select one)?

Notes:
- Use only OUTPATIENT documentation from OUTPATIENT charts.
- If there are only one or two office visit notes before or during the M+CO-designated QAPI time period which mention heart failure, use these visit notes to answer this question.

____Not collecting
____Class I
____Class II
____Class III
____Class IV
____Not documented/Unable to determine
____Not applicable (Outpatient chart not being used OR heart failure is not mentioned in any office visit notes before or during the M+CO-designated QAPI time period)

ADDITIONAL M+CO-DEFINED FIELDS *(example - additional indicators such as immunizations)*

27. OPTIONAL: M+CO-defined field #1: _____
=> IF NOT COLLECTING, ENTER X

28. OPTIONAL: M+CO-defined field #2: _____
=> IF NOT COLLECTING, ENTER X

29. OPTIONAL: M+CO-defined field #3: _____
=> IF NOT COLLECTING, ENTER X

30. OPTIONAL: M+CO-defined field #4: _____
=> IF NOT COLLECTING, ENTER X

EP 2001 - LVF AND ACE QIs *(Complete only if option 'Extra payment 2001, no optional QIs' or 'Extra payment 2001 with optional QIs' are among the choices marked in the project question.)*

31. Is there documentation that left ventricular function (LVF) was assessed **anytime** before or during the EP 2001 reporting time period?

Note: If a formal report of LVF assessment test results is not available, LVF may be presumed to be previously assessed if there is physician/nurse practitioner/physician assistant notation of LVF, either as an ejection fraction (EF) or a narrative qualitative description (example - "moderate left ventricular systolic dysfunction").

____Yes
____No/Unable to determine……..... **SKIP TO #33**

32. Before or during the EP 2001 reporting time period, is the **most recent** available LVF documented as an EF < 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)?
____Yes
____No/Unable to determine

33. Was an ACE inhibitor (ACEI) prescribed anytime during the EP 2001 reporting time period?
____Not collecting..... **SKIP TO #40**
____Yes…..... **SKIP TO #37**
____No/Unable to determine

IMPORTANT NOTES:
- This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #32 = Yes, the option 'Not collecting' should be selected for question #33 when the patient does NOT have documented LVSD (question #31 = No/Unable to determine or question #32 = No/Unable to determine). FOR QUESTION #33, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #32 = YES).
- The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.

34. If an ACEI was not prescribed during the EP 2001 reporting time period, is there documentation of one or more of the following?
a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the EP 2001 reporting time period
b. Aortic stenosis documented anytime before or during the EP 2001 reporting time period
c. Renal artery stenosis documented anytime before or during the EP 2001 reporting time period
d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the EP 2001 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the EP 2001 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
f. Systolic BP < 80 mmHg documented on three or more separate occasions during the EP 2001 reporting time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit)
g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the EP 2001 reporting QAPI time period

____Yes…..... **SKIP TO #40**
____No/Unable to determine

35. In documentation before or during the EP 2001 reporting time period, did a physician/nurse practitioner/physician assistant give a reason at anytime for not prescribing an ACEI?
____Yes
____No/Unable to determine……..... **SKIP TO #40**

36. OPTIONAL: Please specify reason(s): _____
=> IF NOT COLLECTING, ENTER X
=> SKIP TO #40

EP 2001 - OPTIONAL QIs *(Complete only if option 'QAPI QIs with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)*

37. OPTIONAL: ACEI prescribed during the EP 2001 reporting time period:

Note: If available documentation indicates that two or more different ACEIs were prescribed during the EP 2001 reporting time period, select the most recent one.

____Accupril	____Enalapril	____Mavik	____Ramipril	____Zestoretic
____Accuretic	____Enalaprilat	____Moexipril	____Tarka	____Zestril
____Aceon	____Fosinopril	____Monopril	____Teczem	____Other.... **COMPLETE #38**
____Altace	____Lexxel	____Monopril HCT	____Trandolapril	____Unable to determine.... **SKIP TO #40**
____Benazepril	____Lisinopril	____Perindopril	____Uniretic	
____Capoten	____Lotensin	____Prinivil	____Univasc	
____Capozide	____Lotensin HCT	____Prinzide	____Vaseretic	____Not collecting.... **SKIP TO #40**
____Captopril	____Lotrel	____Quinapril	____Vasotec	

38. OPTIONAL: If Other, please specify: _____

39. OPTIONAL: **Total daily dosage** of the ACEI identified above during the EP 2001 reporting time period:
_____MG

Note: If the dosage of the ACEI identified above changed during the EP 2001 reporting time period, calculate the total daily dosage from the most recent dosage documented.

=> IF UNABLE TO DETERMINE, ENTER 0
=> IF NOT COLLECTING, ENTER X

IMPORTANT NOTES:
- The medication prevalence questions in this section have been designed to allow M+COs to collect medication prevalence information on all patients. If this information is to be collected ONLY for patients with LVSD, defined as cases where question #32 = Yes, the option 'Not collecting' should be selected for questions #40 - 44 when the patient does NOT have documented LVSD (question #31 = No/Unable to determine or question #32 = No/Unable to determine). The option 'Not collecting' should also be selected if an M+CO is not collecting this information on any patients.
- The analyzer accompanying this tool will calculate the medication prevalence measures only for patients with LVSD. If M+COs wish to evaluate medication prevalence in patients without LVSD, they will need to modify the analyzer accordingly.

40. OPTIONAL: Was an oral beta blocker prescribed anytime during the EP 2001 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Acebutolol	Carteolol	Inderal	Lopressor	Propranolol	Timolol	Ziac
Atenolol	Cartrol	Inderal LA	Lopressor HCT	Sectral	Toprol	
Betapace	Carvedilol	Inderide	Metoprolol	Senormin	Toprol-XL	
Betaxolol	Coreg	Inderide LA	Nadolol	Sotalol	Trandate	
Bisoprolol	Corgard	Kerlone	Normodyne	Tenoretic	Trandate HCT	
Blocadren	Corzide	Labetalol	Penbutolol	Tenormin	Visken	
Brevibloc	Esmolol	Levatol	Pindolol	Timolide	Zebeta	

41. OPTIONAL: Was digoxin prescribed anytime during the EP 2001 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Cardoxin	Digoxin
Crystodigin	Lanoxicaps
Digitek	Lanoxin
Digitoxin	

42. OPTIONAL: Was spironolactone (Aldactazide, Aldactone, Spironolactone Plus) prescribed anytime during the EP 2001 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

43. OPTIONAL: Was an angiotensin II receptor blocker (ARB) prescribed anytime during the EP 2001 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Atacand	Cozaar	Irbesartan	Telmisartan
Atacand HCT	Diovan	Losartan	Teveten
Avalide	Diovan HCT	Micardis	Valsartan
Avapro	Eprosartan	Micardis HCT	Verdia
Candesartan	Hyzaar	Tasosartan	

44. OPTIONAL: Were BOTH long-acting nitrates AND hydralazine prescribed TOGETHER anytime during the EP 2001 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Long-acting nitrates:

Deponit	Minitran	Nitrodisc
Dilatrate-SR	Monoket	Nitroglycerin (ointment)
Imdur	Nitrek	Nitroglycerin (paste)
ISDN	Nitro TD Patch-A	Nitroglycerin (transdermal)
ISMO	Nitro-Bid ointment	Nitroglyn E-R
Isordil	Nitro-Dur	Nitrol
Isosorbide Dinitrate	Nitro-Par	Sorbitrate
Isosorbide Mononitrate	Nitro-Time	Transderm-Nitro

Hydralazine:

Apresazide	Marpres
Apresoline	Ser-Ap-Es
Diuretic Ap-Es	Serathide
HHR	Serpazide
Hydra-Zide	Serpex
Hydralazine	Tri-Hydroserpine
Hydralazine Plus	Uni Serp
Hydrap-Es	Unipres

45. OPTIONAL: Before or during the EP 2001 reporting QAPI time period, what is the New York Heart Association (NYHA) functional classification explicitly documented by a physician/nurse practitioner/physician assistant in at least one of the last three office visit notes where heart failure is mentioned (Select one)?

Notes:
- Use only OUTPATIENT documentation from OUTPATIENT charts.
- If there are only one or two office visit notes before or during the EP 2001 reporting time period which mention heart failure, use these visit notes to answer this question.

____Not collecting
____Class I
____Class II
____Class III
____Class IV
____Not documented/Unable to determine
____Not applicable (Outpatient chart not being used OR heart failure is not mentioned in any office visit notes before or during the EP 2001 reporting time period)

EP 2002 - LVF AND ACE QIs *(Complete only if option 'Extra payment 2002, no optional QIs' or 'Extra payment 2002 with optional QIs' are among the choices marked in the project question.)*

46. Is there documentation that left ventricular function (LVF) was assessed **anytime** before or during the EP 2002 reporting time period?

Note: If a formal report of LVF assessment test results is not available, LVF may be presumed to be previously assessed if there is physician/nurse practitioner/physician assistant notation of LVF, either as an ejection fraction (EF) or a narrative qualitative description (example - "moderate left ventricular systolic dysfunction").

____Yes
____No/Unable to determine……..... **SKIP TO #48**

47. Before or during the EP 2002 reporting time period, is the **most recent** available LVF documented as an EF < 40% or a qualitative description consistent with moderate or severe left ventricular systolic dysfunction (LVSD)?
____Yes
____No/Unable to determine

48. Was an ACE inhibitor (ACEI) prescribed anytime during the EP 2002 reporting time period?
____Not collecting..... **SKIP TO #55**
____Yes…..... **SKIP TO #52**
____No/Unable to determine

IMPORTANT NOTES:
- This ACE inhibitor question has been designed to allow M+COs to collect ACEI information on all patients. If ACEI information is to be collected ONLY for patients with LVSD, defined as cases where question #47 = Yes, the option 'Not collecting' should be selected for question #48 when the patient does NOT have documented LVSD (question #46 = No/Unable to determine or question #47 = No/Unable to determine). FOR QUESTION #48, THE OPTION 'NOT COLLECTING' SHOULD NEVER BE USED IN CASES WHERE THE PATIENT HAS LVSD (QUESTION #47 = YES).
- The analyzer accompanying this tool will calculate the ACEI quality indicator only for patients with LVSD. If M+COs wish to evaluate ACEI use in patients without LVSD, they will need to modify the analyzer accordingly.

49. If an ACEI was not prescribed during the EP 2002 reporting time period, is there documentation of one or more of the following?
a. History of severe ACEI allergy (angioedema, hives, or severe rash) documented anytime before or during the EP 2002 reporting time period
b. Aortic stenosis documented anytime before or during the EP 2002 reporting time period
c. Renal artery stenosis documented anytime before or during the EP 2002 reporting time period
d. Serum potassium level > 5.5 mg/dl documented on three or more separate occasions during the EP 2002 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
e. Serum creatinine level > 3.0 mg/dl documented on three or more separate occasions during the EP 2002 reporting time period (excluding lab values measured during an acute care admission, an observation unit stay, or an emergency room visit)
f. Systolic BP < 80 mmHg documented on three or more separate occasions during the EP 2002 reporting time period (excluding blood pressures measured during an acute care admission, an observation unit stay, or an emergency room visit)
g. Participation in a clinical trial testing alternatives to ACEIs as first-line heart failure therapy documented during the EP 2002 reporting QAPI time period

____Yes…..... **SKIP TO #55**
____No/Unable to determine

50. In documentation before or during the EP 2002 reporting time period, did a physician/nurse practitioner/physician assistant give a reason at anytime for not prescribing an ACEI?
____Yes
____No/Unable to determine……..... **SKIP TO #55**

51. OPTIONAL: Please specify reason(s): _____
=> IF NOT COLLECTING, ENTER X
=> SKIP TO #55

EP 2002 - OPTIONAL QIs *(Complete only if option 'Extra payment 2002 with optional QIs' is among the choices marked in the project question. Follow direction of skip patterns in above section.)*

52. OPTIONAL: ACEI prescribed during the EP 2002 reporting time period:

Note: If available documentation indicates that two or more different ACEIs were prescribed during the EP 2002 reporting time period, select the most recent one.

____Accupril	____Enalapril	____Mavik	____Ramipril	____Zestoretic
____Accuretic	____Enalaprilat	____Moexipril	____Tarka	____Zestril
____Aceon	____Fosinopril	____Monopril	____Teczem	____Other.... **COMPLETE #53**
____Altace	____Lexxel	____Monopril HCT	____Trandolapril	____Unable to determine.... **SKIP TO #55**
____Benazepril	____Lisinopril	____Perindopril	____Uniretic	
____Capoten	____Lotensin	____Prinivil	____Univasc	____Not collecting.... **SKIP TO #55**
____Capozide	____Lotensin HCT	____Prinzide	____Vaseretic	
____Captopril	____Lotrel	____Quinapril	____Vasotec	

53. OPTIONAL: If Other, please specify: _____

54. OPTIONAL: **Total daily dosage** of the ACEI identified above during the EP 2002 reporting time period:
_____MG

Note: If the dosage of the ACEI identified above changed during the EP 2002 reporting time period, calculate the total daily dosage from the most recent dosage documented.

=> IF UNABLE TO DETERMINE, ENTER 0
=> IF NOT COLLECTING, ENTER X

IMPORTANT NOTES:

- The medication prevalence questions in this section have been designed to allow M+COs to collect medication prevalence information on all patients. If this information is to be collected ONLY for patients with LVSD, defined as cases where question #47 = Yes, the option 'Not collecting' should be selected for questions #55 - 59 when the patient does NOT have documented LVSD (question #46 = No/Unable to determine or question #47 = No/Unable to determine). The option 'Not collecting' should also be selected if an M+CO is not collecting this information on any patients.
- The analyzer accompanying this tool will calculate the medication prevalence measures only for patients with LVSD. If M+COs wish to evaluate medication prevalence in patients without LVSD, they will need to modify the analyzer accordingly.

55. OPTIONAL: Was an oral beta blocker prescribed anytime during the EP 2002 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Acebutolol	Carteolol	Inderal	Lopressor	Propranolol	Timolol	Ziac
Atenolol	Cartrol	Inderal LA	Lopressor HCT	Sectral	Toprol	
Betapace	Carvedilol	Inderide	Metoprolol	Senormin	Toprol-XL	
Betaxolol	Coreg	Inderide LA	Nadolol	Sotalol	Trandate	
Bisoprolol	Corgard	Kerlone	Normodyne	Tenoretic	Trandate HCT	
Blocadren	Corzide	Labetalol	Penbutolol	Tenormin	Visken	
Brevibloc	Esmolol	Levatol	Pindolol	Timolide	Zebeta	

56. OPTIONAL: Was digoxin prescribed anytime during the EP 2002 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Cardoxin	Digoxin
Crystodigin	Lanoxicaps
Digitek	Lanoxin
Digitoxin	

57. OPTIONAL: Was spironolactone (Aldactazide, Aldactone, Spironolactone Plus) prescribed anytime during the EP 2002 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

58. OPTIONAL: Was an angiotensin II receptor blocker (ARB) prescribed anytime during the EP 2002 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Atacand	Cozaar	Irbesartan	Telmisartan
Atacand HCT	Diovan	Losartan	Teveten
Avalide	Diovan HCT	Micardis	Valsartan
Avapro	Eprosartan	Micardis HCT	Verdia
Candesartan	Hyzaar	Tasosartan	

59. OPTIONAL: Were BOTH long-acting nitrates AND hydralazine prescribed TOGETHER anytime during the EP 2002 reporting time period?
____Not collecting
____Yes
____No/Unable to determine

Long-acting nitrates:

Deponit	Minitran	Nitrodisc
Dilatrate-SR	Monoket	Nitroglycerin (ointment)
Imdur	Nitrek	Nitroglycerin (paste)
ISDN	Nitro TD Patch-A	Nitroglycerin (transdermal)
ISMO	Nitro-Bid ointment	Nitroglyn E-R
Isordil	Nitro-Dur	Nitrol
Isosorbide Dinitrate	Nitro-Par	Sorbitrate
Isosorbide Mononitrate	Nitro-Time	Transderm-Nitro

Hydralazine:

Apresazide	Marpres
Apresoline	Ser-Ap-Es
Diuretic Ap-Es	Serathide
HHR	Serpazide
Hydra-Zide	Serpex
Hydralazine	Tri-Hydroserpine
Hydralazine Plus	Uni Serp
Hydrap-Es	Unipres

60. OPTIONAL: Before or during the EP 2002 reporting QAPI time period, what is the New York Heart Association (NYHA) functional classification explicitly documented by a physician/nurse practitioner/physician assistant in at least one of the last three office visit notes where heart failure is mentioned (Select one)?

Notes:
- Use only OUTPATIENT documentation from OUTPATIENT charts.
- If there are only one or two office visit notes before or during the EP 2002 reporting time period which mention heart failure, use these visit notes to answer this question.

____Not collecting
____Class I
____Class II
____Class III
____Class IV
____Not documented/Unable to determine
____Not applicable (Outpatient chart not being used OR heart failure is not mentioned in any office visit notes before or during the EP 2002 reporting time period)

DEMOGRAPHIC ADDITIONAL INFORMATION/OPTIONAL

61. OPTIONAL: Race (Select one):
____Not collecting
____Caucasian
____African-American
____American Indian/Alaska Native
____Asian
____Native Hawaiian/Pacific Islander
____Multiracial
____Other
____Unable to determine

62. OPTIONAL: Hispanic ethnicity:
____Not collecting
____Yes
____No/Unable to determine

63. OPTIONAL: Gender:
____Not collecting
____Male
____Female
____Unable to determine

Comments: _____

_____

_____

_____